

<b>COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY</b> <small>(Includes Reference to PCT International Applications)</small>			ATTORNEY DOCKET NUMBER 960296.95874
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name.</p> <p>I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p><u>VACCINATION METHOD FOR EFFICIENT INDUCTION OF CYTOTOXIC T LYMPHOCYTE RESPONSE</u></p> <p>the specification of which (check only one item below):</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed as U.S. Patent Application Serial Number ____ on ____, as amended on ____ (if applicable).</p> <p><input checked="" type="checkbox"/> was filed as a PCT international application number <u>PCT/US00/00286</u> on <u>06 Jan 2000</u> as amended under PCT Article 19 on ____ (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:</p>			
<b>PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:</b>			
COUNTRY <small>(If PCT Indicate PCT)</small>	APPLICATION NUMBER	DATE OF FILING <small>(Day, Month, Year)</small>	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.					
<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</b>					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
60/115,405	08 January 1999		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
PCT/US00/00286	06 Jan 2000	60/115,405			
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith (List names and registration numbers):					
Send Correspondence to: Jean C. Baker Quarles & Brady LLP 411 East Wisconsin Ave. Suite 2550 Milwaukee, WI 53202-4497			Direct Telephone Calls to:  (414) 277-5000		
201	FULL NAME OF INVENTOR	FAMILY NAME WATKINS	FIRST GIVEN NAME David	SECOND GIVEN NAME I.	
	RESIDENCE & CITIZENSHIP	CITY Arenia	STATE OR COUNTRY WI	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 8200 Fortier Road	CITY Arenia	STATE & ZIP CODE/COUNTRY WI 53503 US	
202	FULL NAME OF INVENTOR	FAMILY NAME ALLEN	FIRST GIVEN NAME Todd	SECOND GIVEN NAME M.	
	RESIDENCE & CITIZENSHIP	CITY Madison	STATE OR COUNTRY WI	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2102 University Avenue, #2C	CITY Madison	STATE & ZIP CODE/COUNTRY WI 53705 US	
203	FULL NAME OF INVENTOR	FAMILY NAME VOGEL	FIRST GIVEN NAME Thorsten	SECOND GIVEN NAME U.	
	RESIDENCE & CITIZENSHIP	CITY Madison	STATE OR COUNTRY WI	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2229 Luann Lane, #6	CITY Madison	STATE & ZIP CODE/COUNTRY WI 53713 US	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	

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60/115,405	08 January 1999		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
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Send Correspondence to: Jean C. Baker Quarles & Brady LLP 411 East Wisconsin Ave. Suite 2550 Milwaukee, WI 53202-4497			Direct Telephone Calls to:  (414) 277-5000		
204	FULL NAME OF INVENTOR	FAMILY NAME FULLER	FIRST GIVEN NAME Deborah	SECOND GIVEN NAME L.	
	RESIDENCE & CITIZENSHIP	CITY Oregon	STATE OR COUNTRY WI	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 415 Ash St.	CITY Oregon	STATE & ZIP CODE/COUNTRY WI 53575 US	
205	FULL NAME OF INVENTOR	FAMILY NAME FULLER	FIRST GIVEN NAME James	SECOND GIVEN NAME T.	
	RESIDENCE & CITIZENSHIP	CITY Oregon	STATE OR COUNTRY WI	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 415 Ash St.	CITY Oregon	STATE & ZIP CODE/COUNTRY WI 53575 US	
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205		SIGNATURE OF INVENTOR 206	
DATE		DATE		DATE	